Studies on the Cortical Localization of Face Movements.—(*Le Progrés Médical*, for December 30th, 1893), contains some interesting discoveries, by Dr. E. Brissaud, in relation to cortical localization of face movements.

The case from which the study was made was a woman eighty years of age, who had been a sufferer for years from myocardiis and catarrhal emphysema. When first seen she had been carried into the hospital in an apopletic condition. When she regained consciousness, in about an hour, it was found that there was right-sided hemiplegia and aphasia. In the course of two weeks she had recovered the power of speech. The hemiplegic symptoms began to improve, and when she left the hospital all that remained of the trouble was a slowness of locomotion. Two years subsequent to the attack she returned for treatment for cardiac insufficiency. Examination of the patient revealed right facial paralysis. Locomotion was painful and difficult. There was some muscular atrophy on the right side with hyperæsthesia. There was right ptosis with dilation of the pupil. Reaction to light and accommodation was normal in both pupils. Three months after entrance the patient died from an aggravation of the heart trouble. Shortly before death there was some return of the paralytic phenomena with transient aphasia. Autopsy revealed a cortical lesion, which the author believed was unique considering the symptoms that were exhibited during life. A soft yellowish mass was seen situated in the superior sulcus of the left insula, immediately posterior to the frontal operculum. It at first appeared to be perfectly superficial, but on microscopical examination there was found to exist on the internal border of the left peduncle a number of granular bodies. Careful examination of the brain showed no other abnormality or secondary degeneration. The conformation of the brain, however, presented several peculiarities which did not correspond to the customary type from which cortical lesions were usually mapped out. The third frontal convolution was situated markedly anterior to the inferior extremity of the fissure of Roland, and the frontal operculum, which was of unusually large size, was antero-posterio. From them arose a gyrus which anastomosed with the inferior extremity of the frontal ascending convolution. This convolution seemed to be a supplementary tract of the second

frontal. While the frontal region of the left hemisphere presented anomalies, the line of demarkation of the softening was easily made out to occupy the inferior quarter of the ascending parietal convolution. This lesion was no doubt the cause of the facial hemiplegia, but, according to the localization of leg and arm movements of other observers, there was no lesion of the brain to account for the paralysis of these members. The cortical regions mapped out as governing the leg and arm were perfectly normal. The persistance of the paralytic phenomena was kept up by the circulatory trouble, as there was found obstruction of the circulation in the region of the fissure of Sylvius. The involvement of the orbital and frontal muscles in the hemiplegia was explained by the continuity of the fibres of the projection system. The author thought, considering the very small focus of the lesion, that his study of the centre of localization of face movements in man was unique. He locates this centre definitely on the cortex of the ascending parietal operculum immediately posterior to the inferior extremity of the fissure of Roland. B. M.

The Glycosecretory Nerves.—From the recent communication of Morat and Dufour to the *Academic des Sciences*, it would seem to be possible without either accelerating or retarding the circulation or increasing the quantity of blood flowing through the liver, to bring about the destruction of its glycogen by simply exciting the nerves of this organ. This destruction may exceed half the total amount of hepatic glycogen in a space of time not exceeding twenty minutes. There is, therefore, no doubt according to these writers that the nervous system has on the elements of the liver a direct action, independent of that which it exercises on the course of the blood by the vessels, and comparable, in fact, to that of the motor nerves on the muscles. E. P. H.

CLINICAL.

On the Peculiar Associated Movements of the Paretic Upper Eye-lid in Cases of Unilateral Congenital Ptosis, by Prof. Bernhardt (*Neurol. Centr. blatt.*, No. 9, 1894, pp. 325–537). B. narrates the case of a man, 19 years of age, with congenital ptosis on right side, whose family exhibited no neurotic history. All the movements of the eye are normal, excepting upward rotation, which is slightly less well ex-